

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: FEB 26 2016

Evelyn Graham

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

Macy's Retail Holdings, Inc

(List the full name(s) of the defendant(s)/respondent(s).)

14 CV 3192 (PAE)

NOTICE OF APPEAL

RECEIVED
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S.D. OF N.Y.

Notice is hereby given that the following parties:

Evelyn Graham

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☒ judgment ☐ order entered on: January 28th, 2016
(date that judgment or order was entered on docket)

that: Evelyn Graham was unable to state claims properly and Pro Se's had to be exact/precise
(If the appeal is from an order, provide a brief description above of the decision in the order.)

February 26th, 2016
Dated

Evelyn H. Graham
Signature

Graham, Evelyn D.
Name (Last, First, MI)

446 West 26th Street #5F
Address City

New York, NY 10001-5644
State Zip Code

(917) 257-0377
Telephone Number

e.d.graham421@gmail.com
E-mail Address (if available)

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Evelyn Denise Graham

(List the full name(s) of the plaintiff(s)/petitioner(s).)

14 CV 3192 (PAE)(FM)

-against-

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

Macy's Retail Holdings, Inc.

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

February 26th, 2016

Dated

Evelyn D. Graham

Signature

Graham, Evelyn D.

Name (Last, First, MI)

446 West 26th Street NY, NY

Address

City

State

Zip Code

10001-5644

(917) 257-0377

Telephone Number

e.d. graham42@gmail.com

E-mail Address (if available)

Application to Appeal In Forma Pauperis

Evelyn Graham. Macy's Retail Holdings
 Appeal No. _____

District Court or Agency No. _____

<p>Affidavit in Support of Motion</p> <p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u>Evelyn D. Graham</u></p>	<p>Instructions</p> <p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>February 26th, 2016</u></p>
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My issues on appeal are: (required): request to complete & clarify case because I was ~~been~~ sick from 2013 until end of case in 2016. I was also in 2 accidents one in 4/15 and another bad one on 7/21/15. I have not had a steady income. Furthermore, I am able to focus more & not feel as if I was in a fog (see case notes)
Direct & clear of what bipolar looks like

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$	\$	\$
Self-employment	\$ <u>0</u>	\$	\$	\$
Income from real property (such as rental income)	\$ <u>0</u>	\$	\$	\$

Interest and dividends	\$ 0	\$	\$	\$
Gifts	\$ 0	\$	\$	\$
Alimony	\$ 0	\$	\$	\$
Child support	\$ 0	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$	\$
Disability (such as social security, insurance payments) (SSD)	\$ 1275	\$	\$	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify):	\$ 0	\$	\$	\$
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Crossmark	Worked for 2 months 2/15-4/15 Crossmark, Bx Jersey City	2/15-4/15	\$ 840
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

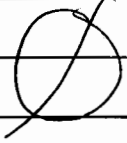
Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
<u>0</u>	<u>0</u>	Make and year: <u>0</u>
		Model: <u>0</u>
		Registration #: <u>0</u>

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Macy's Retail Holdings, Inc.	\$ Commission ~\$10K	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 400	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 15.00	\$
Home maintenance (repairs and upkeep)	\$ 25.00	\$
Food	\$ 200.00	\$
Clothing	\$ 75-100	\$
Laundry and dry-cleaning	\$ 25-	\$
Medical and dental expenses	\$ 100	\$

Transportation (not including motor vehicle payments)	\$ 25-	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 10-	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name): American / Carol Wright	\$ 50-	\$
Other:	\$ 10	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ 50 (copies, ink, etc)

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. Disabled +

The 7/21/15 boat/yacht accident has caused me a post concussion + pain on my right side so I cannot work part time. The pain is off + on, Individual had no insurance + I have to take cabs also. I will have help with court documents this time.

12. Identify the city and state of your legal residence.

City New York State New York

Your daytime phone number: (917) 257-0377

Your age: 52 Your years of schooling: 16

Last four digits of your social-security number: 8938